

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		3				
5		3				
6	1					
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
13		3				
14	1					
15		1				
16		1				
17		3				
18						
19						
20						
21	1					
22						
23						
24						
25						
26						
27						
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36						
37						
38						
39						
40						
41						
42						
43						
44	1					
45	1					
46		2				
47		2				
48	1					
49		2				
50		2				
TOTAL IND.			↓		↓	
TOTAL DEP.			↓		↓	
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51		8						
52		8						
53	1							
54		1						
55		1						
56		1						
57								
58		1						
59		1						
60		1						
61		5						
62								
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97								
98								
99								
100								
TOTAL IND.	19		↓	2		↓		
TOTAL DEP.	65		↓	3		↓		
TOTAL CLAIMS	84			5				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS